Approved

UHIN STANDARDS COMMITTEE
CMS 1500 Paper Claim Form Standard
Version 3

Purpose: The purpose of UHIN Professional Claim (CMS 1500 08/2005) Standard is to clearly describe the standard use of each Box (for print images) and its crosswalk to the HIPAA 837 005010X222A1 Professional implementation guide. This Standard is compatible with all HIPAA requirements.

Applicability: All professional claims and encounters. For Property and Casualty claims please refer to the Property and Casualty Professional Claim (CMS 1500) Standard.

Basic Concepts: Boxes are derived from the CMS 1500 claim form. A crosswalk from the Boxes to the ASC X12 837 005010X222A1 Professional Implementation Guide[1] is listed below showing loop and segment/element (e.g., *2010AA NM104* means Loop 2010AA, segment NM1, element 04).

Detail:

1. Explanations of the use of each Box are given below.
2. Explanations regarding the use of the ASC X12 data elements are given in the ASC X12 837 005010X222A1 (the ERRATA) implementation guides.
3. If a Box is marked "Not cross walked" this means that this data element is not carried in the implementation guide.
4. If a Box is marked SETUP then that information will be entered in a setup screen if the provider is using UHINT. If the Box is marked (setup) then some of the information will come from the setup screen and some from the page. Other translators may handle this information differently.
5. An ** indicates that this requirement is unique to UHIN. None of the UHIN requirements contradicts the HIPAA use of the implementation guide.
6. All Boxes which are required by the implementation guide for all claims are marked REQUIRED. Everything else is used under the conditions described in the implementation guide. Providers are responsible for knowing when certain Situational data elements are required in the implementation guide.
7. All data edits on electronic data will conform to the edits outlined in the HIPAA implementation guide.
8. Claim forms must be type-written (computer generated, typed, machine generated, etc.). Hand-written claim forms may be returned.

Implementation dates: The Standard must be implemented by Jan 2012 or with implementation of 5010.

1 Available at the Washington Publishing Company web site, http::/www.wpc-edi.com

Crosswalk to the HIPAA Professional Implementation Guide/Addenda
Box Detail:

Out of Form: Top-right

X12 map:
Line 1: Destination Payer[2] Name **REQUIRED**
2010BB NM103
Line 2 & 3: Destination Payer address (not Required)
2010BB N3
Line 4 City, State and Zip
2010BB N4
Line 5 left: Destination Payer - Payer responsibility sequence number **REQUIRED**
2000B SBR01

Box 1. Type of Health Insurance Coverage. REQUIRED
Check the type of health insurance coverage applicable to the claim.

X12 map:
2000B SBR09

Box 1a. Insured's ID number (individual to each carrier). REQUIRED if the Insured is a person
The box allows for 20 spaces. Do not use any dashes (-) or spaces.

X12 map:
2010BA NM109

Box 2. Patient's Name. REQUIRED
Use a comma as the indicator to separate the last name, first name and middle initial.

X12 map:
When patient = subscriber:
2010BA NM103, NM104, NM105, NM107 (Last, First and Middle Name and generation respectively)
When patient ≠ subscriber:
2010CA NM103, NM104, NM105, NM107 (Last, First and Middle Name and generation

Box 3. Patient's Birth Date and Sex. REQUIRED
The century must be used. (MMDDCCYY). Translator will read the code in Box 6 (Relationship). Translator will read the checked box in Sex and crosswalk to the appropriate X12 code. Use X12 code "U" as needed for Unknown. Print X12 code "U" to the right of the Female check box.

X12 map:
When patient = subscriber:
DOB: 2010BA DMG02
Sex: 2010BA DMG03
When patient ≠ subscriber:
DOB: 2010CA DMG02
Sex: 2010CA DMG03

2 The destination payer is the payer receiving the claim.

Box 4. **Insured's Name. REQUIRED**

The patient's name can be different than the name of the insured. Name of Insured will be left blank if Medicare is primary or insured equals patient. Use a comma as the indicator to separate the last name, first name and middle initial. For Workers Compensation the "Policy Holder/Owner" could be a non-person (the Employer or Business name would be sent here)

X12 map:
2010BA NM103, NM104, NM105, NM107 (Last, First and Middle Name and generation respectively)

Box 5. **Patient's Address. REQUIRED IF KNOWN**

If unknown for STREET (N301), enter "UNKNOWN".

X12 map:
When patient = subscriber: 2010BA N301, 02, N401, 02, 03
When patient ≠ subscriber: 2010CA N301, 02, N401, 02, 03

Box 6. **Patient's Relationship to the Insured. REQUIRED**

Mark an X in the appropriate box if "Self', "Spouse", "Child" or "Other" is sufficient. Translator will read the checked box in Box 6 (Relationship) and crosswalk to the appropriate X12 code. Use X12 codes as needed for additional relationships. For relationships other than spouse, child or other, print X12 code in the "Other" check box. Translator will read code.

X12 crosswalk codes for paper
Self = 18
Spouse = 01
Child = 19
Other relationship= G8

'Other' codes for X12:
20 Employee
21 Unknown
39 Organ Donor
40 Cadaver Donor
53 Life Partner

When patient = subscriber: 2000B SBR02 (only "Self" is allowed in this case)
When patient ≠ subscriber: 2000C PAT01

Box 7. **Insured's Address. Required when Box 4 is populated.** If unknown, leave blank.
For Workers Compensation the Employer or Business address would be sent here. If unknown for street (N301), enter "UNKNOWN".

X12 map:
2010BA N301, 02, N401, 02, 03

Box 8. **Patient's Status. Not cross walked**

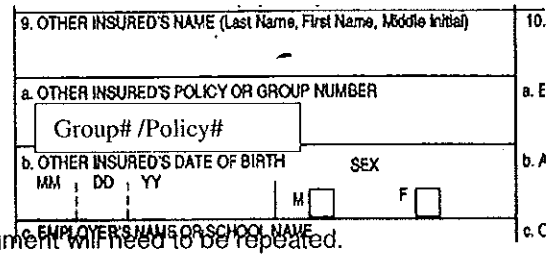
Box 9. **Other Insured's Name.**

If the insured is covered under a second policy enter the last name, comma, first name, comma and middle initial of the person who holds the secondary insurance. If there is no secondary insurance carrier, leave Boxes 9 and 9(a-d) blank.

In the case where there are more than two payers on a claim, and the provider is sending the claim to a payer who is not primary (the payer receiving the claim is called the destination payer), Boxes 9 will always carry the primary insurance company information. Boxes 11 will always carry the destination payer information.

X12 map:
2330A NM103, NM104, NM105, NM107

Box 9a. **Other Insured's Policy or Group Number.**
The policy or group number of the insurance policy



X12 map:
2320 SBR03
If the person has a group# and a policy#
Put them side by side and separate the two with a "/" (forward slash).

If both the group and policy number are needed the SBR segment will need to be repeated.

X12 map: (group number)
2320 SBR03

X12 map (policy number)
2320 SBR03

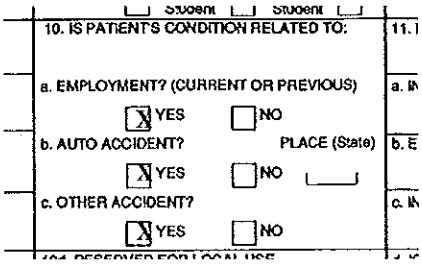
Box 9b. **Other Insured's Date of Birth (MMDDCCYY) and Sex (M, F or U)**
Not cross walked

Box 9c. **Employer's Name or School Name.**
The secondary insured's employer or school name.
Not cross walked

Box 9d. **Insurance Plan Name or Program Name.**
The plan or program name of the insurance policy. For example: Regence Blue Cross Blue Shield (plan name) ValueCare (program name). Right justified "Other" payer responsibility sequence code

X12 map:
2330B NM103, or 2320 SBR04
"Other" payer responsibility sequence code
2320 SBR01

Box 10. Is Patient's Condition Related to:



Box 10a. **Employment?**
Check "Y" or "N" or leave blank if not known.

X12 map:
2300 CLM11-1, -2, (Output an 'x' in appropriate box. Translator will map correctly.)

Box 10b. **Auto Accident?**
Check "Y" or "N" or leave blank if not known and indicate State code.

X12 map:
2300 CLM11-1, -2, CLM11-4 (state code) 1. (Output an 'x' in appropriate box. Translator will map correctly.)

Box 10c. Other Accident?
Check "Y" or "N" or leave blank if not known. (Output an 'x' in appropriate box. Translator will map correctly.)

X12 map:
2300 CLM11-1, -2,

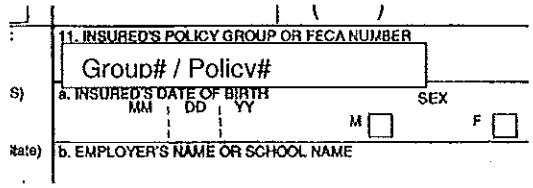
Box 10d. Reserved for Local Use

Box 11. Insured's Policy, Group or FECA Number.
Boxes 11a and 11 contain information on the insurance company to which the claim is being submitted (destination payer). Boxes 11 (a-d) always contain information on the destination payer.

If the destination payer subscribers identification card shows a Policy, Group, or FECA number, then output that number here.

X12 map:
2320 SBR03

If the person has a group# and a policy#
Put them side by side and separate the two with a "/" (forward slash).
Always list the group number first.
Note: Insured's ID number is out-put in box 1a.



X12 map:
2000B SBR03

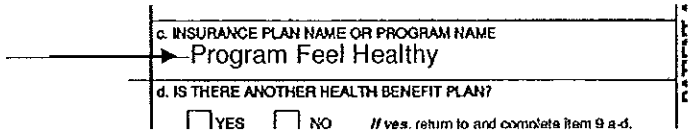
The SBR segment is repeated only once the payer must choose to crosswalk either the policy or group number

Box 11a. Insured's Date of Birth and Sex
The century must be used. (MMDDCCYY). Translator will read the checked box in Box 11a (Sex) and crosswalk to the appropriate X12 code. To use "Unknown" print "U" to the right of the Female check box (see example in 9a). Translator will read code.

X12 map:
DOB: 2010BA DMG02
Sex: 2010BA DMG03

Box 11b. Insured's Employer's Name or School Name.
Not cross walked

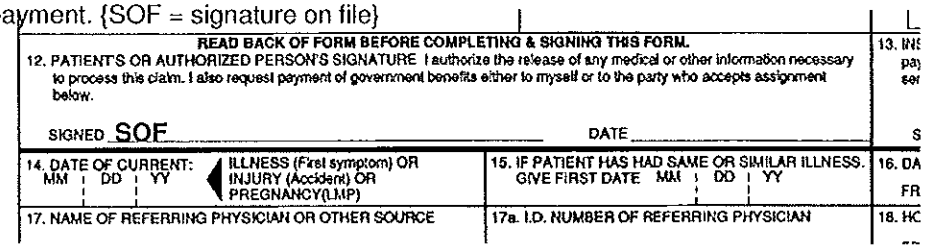
Box 11c. Insurance Plan Name or Program Name.
This is the insurance plan or program name of the insured. The name of the payer is carried at the top of the form.
X12 map:
2000B SBR04



Box 11d. Is there Another Health Benefit Plan? "Y" or "N".
Not cross walked

Box 12. Patient's or Authorized Person's Signature and Date. REQUIRED

Box 12 indicates that the patient has given their permission for the provider to share their medical data for the purposes of collecting payment. {SOF = signature on file}


READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
SIGNED SOF DATE
14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)
15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE
17a. I.D. NUMBER OF REFERRING PHYSICIAN

Use X12 codes

X12 map:
2300 CLM09

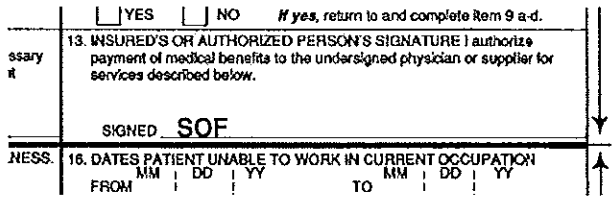
The date does not cross walk (The claim date is equal to the date the claim was transmitted.)

If more than one payer is involved on the claim, the provider must indicate for the other payer (the payer in Boxes 9) whether they have a signature on file. See the example in Box 13 (below).

X12 map:
2320 OI06

Box 13. Insured's or Authorized Person's Signature for the Assignment of Benefits. REQUIRED

Box 13 indicates that the patient has given their permission for the provider to collect payment from the insurer. {SOF = signature on file}

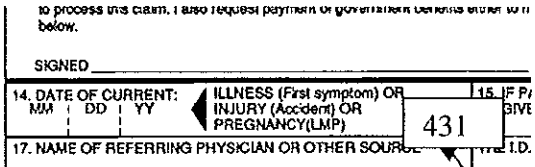

YES NO *If yes,* return to and complete Item 9 a-d.
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNED SOF
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO

Use X12 codes

X12 map:
2300 CLM08

Box 14. Date of Current Illness, Injury, Pregnancy:

Give the date of the first symptom on the illness, the date of the injury or the last menstrual period as appropriate. If accident (Box 10b or 10c) is "Y", this box must be completed (MMDDCCYY).



X12 map:

2300 DTP03 when DTP01 = 431 (first symptom)
2300 DTP03 when DTP01 = 439 (accident)
Date of Accident): REQUIRED when CLM11-1 or CLM11-2 has a value of "AA", "OA" or "EM" (and this claim is the result of an accident)
2300 DTP03 when DTP01 = 484 (LMP)

`Print the DTP01 code on the right side of the box. only one date is allowed.

Box 15. Same Illness.
Not cross walked

Box 16. Unable to Work.

Dates patient is unable to work in current occupation. From (MMDDCCYY) to (MMDDCCYY). This information is required when a provider has given a work release to the patient for a specific period of time.

X12 map:

From Date: 2300 DTP03 (DTP01 = 297)
To Date: 2300 DTP03 (DTP01 = 296)

Box 17. Name of Referring Physician or other source.

UHIN recommends that providers standardize how this information is entered into their practice management system. UHIN recommends that providers enter name of referring physician as last name, first name, middle name.

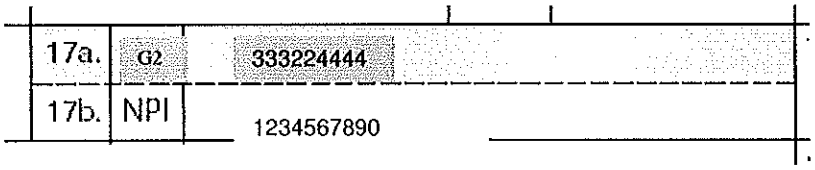
Recommend entering the primary care provider if appropriate. If unknown, then enter physician who referred patient to the provider submitting this claim. Translator must determine how to assign the correct qualifier (NM101).

2310A NM103, NM104, NM105, NM107 (Last, first, middle, name and generation respectively)

Box 17a. ID Number of Referring Provider.

The ID of the referring provider is assigned by the payer. Do not use any spaces or dashes (-).

X12 map:
2310A REF02 REF01 = Qualifier (See CMS 1500 Instructions for Box 17A for List of qualifiers)



Example: To the Right of Box 17A the Qualifier G2 is used to identify the type of number (333224444) sent in the next box. (Please note there are no spaces or special characters in the number)

Box 17b. NPI Number of Referring Provider.

Enter NPI without spaces or special characters. (See example for 17A)

X12 map:
2310A NM109 NM108=XX

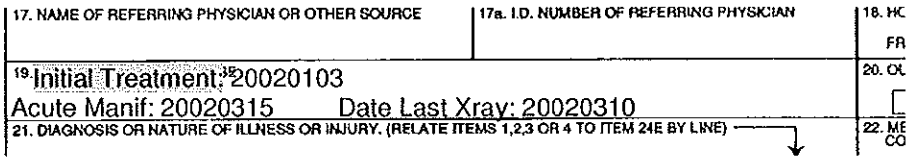
Box 18. Hospitalization Dates Related to Current Services.

Fill in the "From" and "To" dates.

X12 map:
From Date: 2300 DTP03 (DTP01 = 435)
To Date: 2300 DTP03 (DTP01 = 096)

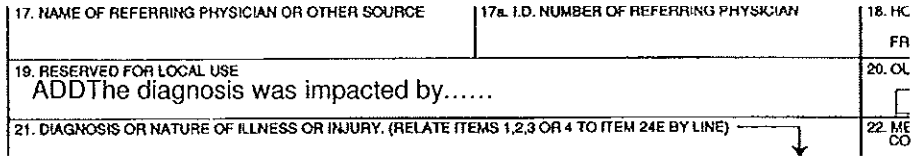
Box 19. Reserved for local use:

Use KEY WORDS to allow the provider to map many things to this box. Providers do not have to use these mappings but they may find it helpful in avoiding 'off-claim' data" The use of key words may also be used on the printed form. See the implementation guide. Limit of three data elements.
Date format = CCYYMMDD.

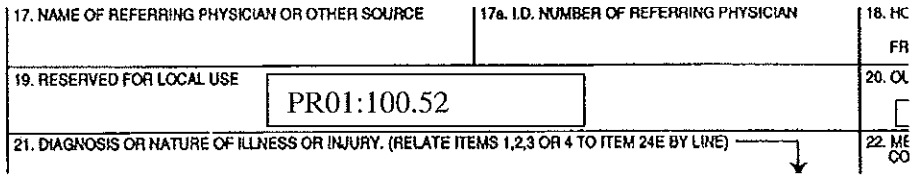


To use Box 19 for notes: Output "ADD" for a claim level note, 2300 NTE02 [NTE01=ADD]

Example:



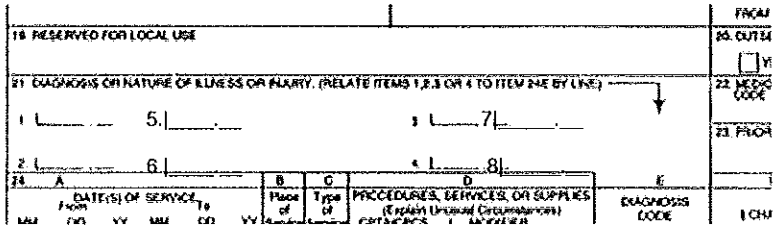
Claim Level Patient Responsibility – If the amount due in Box 30 is different than claim level pt responsibility then report as PR (patient responsibility):01(use appropriate CARC code) and the amount
Example PR:01:100.52 = Patient Responsibility $100.52 (2320 CAS)



Box 20. **Outside lab?**
Not cross walked

Box 21. **Diagnosis Codes. Required**
ICD-9.CM or ICD-10.CM codes are placed in this section. The paper form allows for eight diagnosis. If more diagnoses need to be sent please see the electronic claim format.

On paper we recommend a maximum of 8. If you wish to output 8 diagnoses do this:

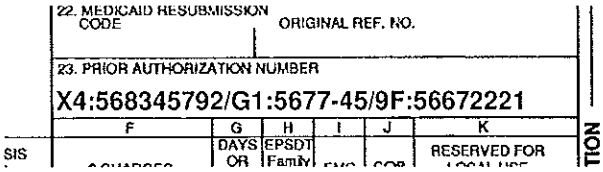


X12 map:
HI01-1 through HI08-1
HI09-1 through HI12-1 (Use if you need to report additional diagnoses).

Box 22 **Payer's Original Claim Number**
Use for **Payer claim number** (for any payer) on resubmitted claims. When the claim number is sent use one of the following claim frequency codes in the Box 22 Code field:
7 = Replacement
8 = Void

X12 map:
2300 CLM05-3 Use appropriate Claim Frequency Code
2300 REF02 (REF01=F8 Original Reference Number)

Box 23. **Prior Authorization Number.**
Three different numbers may be placed in this box: CLIA (Clinical Laboratory Improvement Act), prior authorization, and/or referral number. Any combination of these numbers can be output as long as they fit into one line. Providers must output the qualifier for each type of number so that the translator can know which field to crosswalk the number to (see example). Each qualifier is followed by a colon as shown in the example. Individual numbers are separated by a "/" (forward slash)



CLIA: Providers must output highest level CLIA Number. If additional CLIA numbers are needed those must go on another page. The qualifier for CLIA is X4

Prior authorization: Providers would output the Prior authorization number (if any) for the destination payer. The qualifier for the prior authorization number is G1.

Referral: Providers would output the referral number (if any) for the destination payer. The qualifier for the referral number is 9F.

X12 map:
2300 REF02 (when REF01 = 9F, G1, or X4)

Box 24 Shaded Area Uses –all information should be left justified using the appropriate qualifiers

Line level Note: Enter ADD or ZZ to indicate a line level note. A narrative description for an unspecified code can be a line level note. For notes in X12 map to 2400 NTE02 (NTE01 = ADD)

Anesthesia Minutes: Report begin and end time and/or minutes. Minutes must be preceded by an MJ or 7 qualifier. Example: "MJ60" = 60 minutes. For minutes in X12 map to 2400 SV104 where SV103=MJ.

Payments reported from other payers – See Example below
If multiple payers have paid on the claim payment totals must be combined. Patient responsibility must reflect the final remaining amount owed.

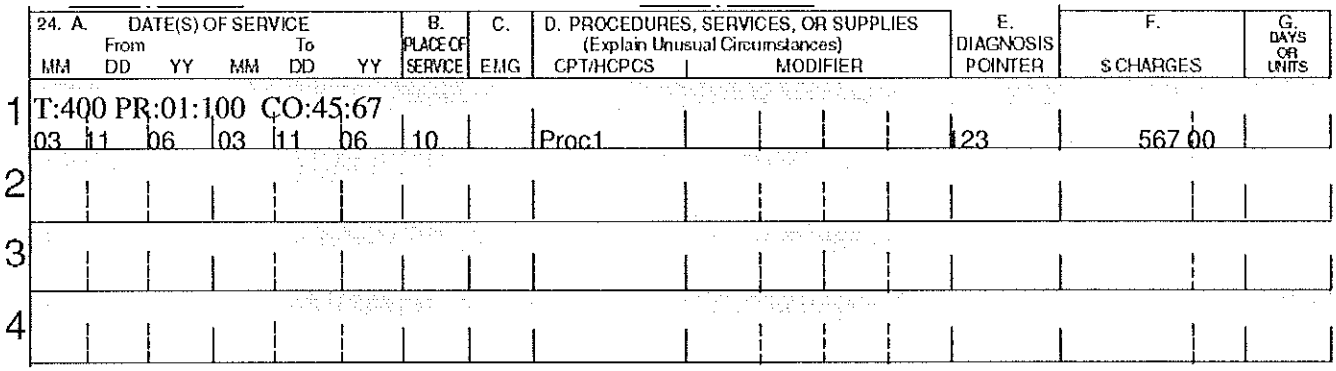
NDC Billing – See Example Below
Use when required by payer per contract

Other Payer Payment Example

The Group COB code, Adjustment Reason Code and the amount should be reported in the line that is affected. Example Line 1 shows:

Prior payer(s) payment (T) 400.00
Patient Responsibility (PR:01) 100.00
Prior payer(s) contractual write-off or adjustment amounts (CO:45) 67.00

Please use the x12 reason codes for the adjustments returned in the Electronic or Paper EOB.



X12 map:
2430 SVD02 = Prior Payer(s) Payments [T]
2430 CAS03 = Patient Responsibility
2430 CAS03 = Adjustment Amounts

NDC Billing

If a provider is billing using NDC code (done under contract with a payer), then the shaded line boxes are used as shown below: If procedure has multiple NDC's(compound drug) report additional NDC's on subsequent lines.

X12 map:

2410 LIN02 = NDC number preceded with N4 qualifier (LIN01=N4).
2410 REF02 = Prescription number (place a forward slash "/" immediately after the NDC number followed by the prescription number)
2410 CTP05-1 = Units qualifier.(GR, MI, ME, UN, F2, ML)
2410 CTP04 = Number of units (place the number of units immediately after the units qualifier)

Example of One service line with 3 drugs

2	24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS
1	N400026064871/184345												GR2
	03	11	06	03	11	06	10		Proc1		123		1
2	N45674452457 6/184345												ME3
3	N45764573246/184345												UN2
4													

Box 24a. Dates of Service. REQUIRED

(MMDDYY)

X12 map:

2400 DTP03 (DTP01 = 472) Payers will need to assume century 2000 in keying instructions.

Box 24b. Place of Service. REQUIRED

Use CMS Place of Service Standard Codes (see http://www.hcfa.gov/medicaid/poshome.htm. for the complete code list)

X12 map:

2400 SV105

Box 24c. Emergency Indicator

"Y" for Yes or "Blank" for No

X12 map:

2400 SV109

Box 24d. Procedures, Services or Supplies and appropriate modifiers. REQUIRED

Use standard HCPCS/CPT codes.

X12 map:

2400 SV01-2 (proc code) and SV101-3 -4, -5, -6 (Modifiers)
Procedure codes will be mapped to the HCPCS (CPT) qualifier unless the provider outputs another allowed procedure code qualifier (IV = HIEC code, ZZ = Worker's Compensation Jurisdictional code are allowed for non-HIPAA claims).

Box 24e. Diagnosis Pointer. REQUIRED

This is an indicator box (pointer box) for *Diagnosis Code* (Box 21). The number 1, 2, 3, 4, 5, 6, 7or 8 in the appropriate order refer back to the diagnosis code(s). The position of the number (1, 2, 3, 4, 5, 6, 7, or 8) references the diagnosis for which the service was rendered as indicated in Box 21. Only *four* pointers are allowed even though there are 8 diagnoses. Electronic submission allows for 12 diagnosis codes.

X12 map:
2400 SV107-1, -2, -3, 4

Box 24f. Dollar Charges. REQUIRED

The monetary charges for each line item. Zero is an acceptable amount. Negative charges are not allowed.

X12 map:
2400 SV102

Box 24g. Days or Units. REQUIRED

Days or Units. Units are equal to the number of times the procedure was performed. If no minutes are present, units have to be at least "1". When both minutes and units are required to be sent, send the units in 24 G, report the minutes and other supplemental information in the shaded area provided above line 24.

The qualifier is assumed to be UN. If reporting minutes use qualifier MJ before the number of minutes.

X12 map:
2400 SV103 (unit qualifier), SV104 (unit amount)

Box 24h. EPSDT Family Plan.

Early and periodic screen for diagnosis and treatment of children (EPSDT) involvement indicator. An "X" in this box will crosswalk to a "Y" in SV111 indicating there is EPSDT involvement.

X12 map:
2400 SV111

Family planning involvement indicator. A "Y" in this box will crosswalk to a "Y" in SV112 indicating family planning.

X12 map:
2400 SV112

Box 24i. Rendering Provider ID Number Qualifier (Shaded Area)

This qualifier indicates the type of number being sent for the Rendering Provider in the shaded area of Box 24J.

0B State License Number	LU Location Number
1G Provider UPIN Number	ZZ Provider Taxonomy
G2 Provider Commercial Number	

X12 map:
2420A REF01 (See CMS 1500 Instructions for Box 24i for List of qualifiers)
2420A PRV02 (ZZ=PXC).

Box 24j. Rendering Provider Identifier - Only one rendering provider allowed per claim

Non-NPI number output in shaded area with appropriate qualifier
See CMS 1500 Instruction Manual
NPI number output in un-shaded area This identifier is required when different from the NPI sent in Box 33A.

I. ID. QUAL.	J. RENDERING PROVIDER ID. #
ZZ	207LP3000X
NPI	1234567890

X12 map (Non-NPI/shaded area):
2420A REF02 (REF01 Appropriate Qualifier)
2420A PRV03 (REF02 =PXC)

X12 map (NPI/un-shaded area):
2420A NM109 NM108 = XX

Box 25. Federal Tax ID. REQUIRED

Federal Tax ID or SSN of provider who receives reimbursement. Do not use any spaces or dashes (-).

X12 map:
2010AA REF02

Paper claim: Print TIN of provider receiving reimbursement and check EIN or SSN box.

Box 26. Patient's Account Number. REQUIRED

This number is assigned by the provider to identify this **individual claim**. It should be unique to each submitted claim (like an invoice number). Providers are limited to a maximum of 20 characters (alpha-numeric).

X12 map:
2300 CLM01

Box 27. Accept Assignment? REQUIRED

Does the provider accept Medicare assignment: "Y" or "N".

X12 map:
2300 CLM07

Box 28. Total Charge. REQUIRED

Total of all charges reported in box 24f.

X12 map:
2300 CLM02

Box 29. Amount Paid.

Indicate amount previously paid on claim by **other payer**(s). It is recommended only money received should be reported in this box.

X12 map:
2320 AMT02 when AMT01 = D (Payer amount paid).

Box 30. Balance Due.

Report claim level balance due. See box 19 instructions for claim level patient responsibility.

Not cross-walked.

X12 map: (if there is information in box 29)
2320 CAS03 (CAS01=PR)

Box 31. **Physician's Signature, Credentials and Date. REQUIRED**
The information carried here is for the *Rendering* provider. Date format MMDDCCYY

X12 map:
Date: Header BHT04 – **REQUIRED** (assigned by translator; don't need to output)
Signature: 2300 CLM06. **REQUIRED**
Print "Y" or "N" in Box 31 or type "Provider signature on file" (crosswalk to "Y").

Output name of Rendering provider. If the Rendering provider is not the Billing/Pay-to provider, then

X12 map:
2310B NM103, 04

Box 32. **Name and Address of Facility where Services were Rendered (other than home or office).**
This box may be used to enter Service Facility Location (2310C)

X12 map:
2310C NM101 qualifier
2310C N301, N401, N402, N403, N404 for service facility location

Box 32a **Facility NPI**
Required when information is sent in Box 32

X12 map
2310C NM109

Box 32b **Facility Secondary Identifier**
Additional secondary identifiers (legacy) when the primary identifier is sent in box 32a or primary identifiers for those entities that do not have or are not eligible for an NPI and no data is sent in box 32a.

X12 map
2310C REF02

Qualifiers are required for all identifiers placed in this box.

0B State License Number	LU Location Number
G2 Provider Commercial Number	ZZ Taxonomy

Example: 1CXXXXXXXXXX (Please note there are no spaces or special characters in the number)

Box 33. **Billing Provider Name, Address, Zip Code and Phone Number. Required**
This is information on the provider who receives reimbursement. This Address may be the address affiliated to the payers contract address.
Output the name of the reimbursement provider.

X12 map:
The translator vendor must have a method to distinguish which X12 loop to map this information into.

Name - **REQUIRED**
2010AA NM103, NM104, NM105, NM107
Address - **REQUIRED**
2010AA/AB N301, N401, N402, N403
It is recommended that a 9 digit zip code is used
This address is where the provider would like to have payment sent.